FOR	M 1100S					DO NOT WRITE	OR STAPLE	IN THIS AREA - R	REVENUE CODE 009	93
ı		007 DELAWA								I
		ORATION RECO								
	SHAREH	OLDERS INFOR		ETURN		EMF	PLOYER IDE	NTIFICATION I	NUMBER	
or fiscal y	vear heginning				2008.		7-[]			
or fiscal year beginning 2007, and ending 2008.  Name of S Corporation						<u> </u>				
Address				Zip Code			CHECK A	PPLICABLE BO	OX:	
, reduced						INITIAL RETURN	CHAN	GE OF ADDRESS	EXTENSION A	ATTACHED
Delaware address if different from above Zip Code					Ш		Ш			
Date and State of Incorporation Nature of Business									/	/
	٨ΤΤ٨Ο	H COMPLETE COPY OF	EEDERAL EORI	M 11208		IF OUT OF BUSINES	SS, ENTER [	DATE HERE: _	/	
	ATTACI	H COMPLETE COPT OF	FEDERAL FORI	W 11203						
1. To	tal Net Income from	Delaware Form 1100S, Sche	edule A, Column B, I	Line 19				1		00
	ubtractions:				2a		00			
` '		S. securities to the extent increderal Jobs Credit			26		0.0			
(c)	Total. Add Lines 2(a	a) and 2(b)						2c		0.0
3. Lir	ne 1 minus Line 2(c).							3		00
	dditions:							1		
(a)	_	ons from any state except Del ded from Line 1					0.0			
					4b		0.0			
(c)		ions included in Line 1 for whation credit was granted			4c		0.0			
(d)		a) through 4(c)						4d		0.0
5. Dis	stributive income. Ac	dd Lines 3 and 4(d)						5		00
6. Pe	ercentage of stock ov	vned by non-residents						6		%
7. Distributive income attributable to non-resident shareholders.								7		00
(Multiply Line 5 by the percentage on Line 6)							8		0.0	
		`	•							
	•	behalf of non-resident shareh			9		0.0			
10. Ot	her payments (Attac	h schedule)			10		0.0			
11. Ap	pproved income tax of	eredits			11		0.0			
12. To	otal payments and cre	edits. Add Lines 9 through 11						12		0.0
		Line 12, enter BALANCE DU								
res	sident shareholder(s)	Line 12 will be the amount of upon the filing of their Delaw	are non-resident pe	ersonal income t	tax return.	A				
refund will not be issued directly to the S Corporation for any overpayment of estimated tax paid o behalf of the non-resident shareholders.							13		0.0	
knowle		ury, I declare that I have is true, correct and company knowledge.								
	Date	Date Signature of Officer				Title				
. —	 Date	Signature	of individual or firm pro	eparing the return				Address	:	— <sub>1</sub>
		KE CHECK PAYABLE AND				NIE PO Boy 2011 \	Nilminaton			